

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

10/541301
Applicant

Filing Date

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. DEP.		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	0												
TOTAL CLAIMS	13												
TOTAL CLAIMS	15												

BEST AVAILABLE COPY